State of Minnesota

Board of Architecture, Engineering, Land Surveying, Landscape Architecture, Geoscience, and Interior Design 85 E. 7th Place, Suite 160 | St. Paul, MN 55101

APPLICATION FOR LICENSURE BY COMITY -- ARCHITECT

This application is for those who wish to apply for licensure by <u>comity</u> as an Architect in Minnesota. According to Minnesota Statutes and Rules, an <u>applicant for licensure must meet the Minnesota requirements for education, examination and experience in effect at the time of the applicant's original licensure in another jurisdiction.</u>

REQUIRED APPLICATION AND DOCUMENTATION

Applicants with an NCARB Certificate Record, submit the following:

- ✓ Complete the Board's Application for Licensure by Comity, <u>numbers 1 through 6 and numbers 9 and 10 (Affidavit and Rules of Professional Conduct)</u>;
- ✓ Non-transferable comity application fee of \$100.00 (Make check payable to MN Board of AELSLAGID);
- ✓ Completed NCARB Record. Contact NCARB and request an electronic transmittal of your NCARB record to the Minnesota Board office.
- ✓ Copy of the statutes and rules related to architect licensure from the state and year in which you were first licensed. (i.e. if you were originally licensed in 1980 in Colorado, send a copy of Colorado's 1980 statutes and rules)

Applicants without an NCARB Certificate Record, submit the following:

- ✓ Complete the Board's entire Application for Licensure by Comity;
- ✓ Non-transferable application fee of \$100.00 (Make check payable to MN Board of AELSLAGID);
- ✓ Final, official transcript showing the degree earned and date conferred sent to the Board office directly from your graduating university/college in a sealed envelope;
- ✓ Verification of Examination and Licensure. Send verification form included in in the application packet to the state board that can verify your exam results and status of current licensure. The state board will then send the completed verification form back to the Minnesota Board;
- ✓ Five completed reference letters (see special instructions for references in the application).
- ✓ Copy of the statutes and rules related to architect licensure from the state and year in which you were first licensed. (i.e. if you were originally licensed in 1980 in Colorado, send a copy of Colorado's 1980 statutes and rules.

If the applicant wants another named individual to be able to call the Board office and make an inquiry as to the status of the submitted application, the applicant must complete and sign the *Authorization to Release Applicant Information* included in the application and submit it with the application. It must be signed by the applicant; no exceptions.

Only complete applications, with all the above documentation, will be reviewed. Applications remaining incomplete after six months from receipt of application will be subject to closure. An applicant may then reapply under the same requirements.

A completed application file will be reviewed by the Board to determine if all requirements are met for licensure by comity as an Architect in Minnesota. The Board will notify the applicant by letter after the review. Note: Board members review files when they are in the Board office on Board meeting dates. See the Board's website for meeting dates.

If approved, the applicant will receive an approval letter along with a one-page license application form that is to be completed with a designated public address and returned with the licensure fee of \$132.00 (license fee of \$120.00 plus a 2009 Legislature-enacted surcharge of \$12.00). Licenses are renewable by June 30th of even-numbered years and all continuing education requirements must be met. See the Board's website for links to statutes and rules.

Foreign-Educated Applicants:

Education Evaluation Services for Architects (EESA) is a program administered by the National Architectural Accrediting Board (NAAB) for NCARB. The EESA evaluates the credentials of foreign-educated and broadly experienced architects against the NCARB Education Standard. EESA provides assistance to individuals who do not have a professional degree in architecture from an NAAB-accredited school of architecture who wish to either apply for NCARB certification or for registration by an NCARB member board.

Minnesota law requires:

- If the applicant was licensed on or after January 1, 1991, an NAAB-accredited Bachelor's of Architecture and/or Master's of Architecture is required.
- If the applicant was licensed on or after March 1, 1997, a completed NCARB-IDP record is required.
- Prior to the above dates, an applicant must meet the education and experience requirements in place at the time of original licensure.

An Architect licensed in another state is not permitted to practice their profession, sign plans or hold themselves out to be an Architect in Minnesota unless licensed by the Minnesota Board of Architecture, Engineering, Land Surveying, Landscape Architecture, Geoscience and Interior Design (Board of AELSLAGID).

It is recommended that an applicant make a copy of any documentation submitted to the Board.

CONTACT:

Minnesota Board of AELSLAGID, 651.296.2388, www.aelslagid.state.mn.us. Laurie Nistl, Board Staff, 651.757.1515, laurie.nistl@state.mn.us.

12/2014 - revised **-2-**

STATE OF MINNESOTA

BOARD OF ARCHITECTURE, ENGINEERING, LAND SURVEYING, LANDSCAPE ARCHITECTURE, GEOSCIENCE AND INTERIOR DESIGN

85 EAST 7TH PLACE, SUITE 160, ST. PAUL, MN 55101-2113 PHONE: (651) 296-2388 FAX: (651) 297-5310 HEARING IMPAIRED • 1-800-627-3529

FOR BOARD'S USE ONLY
Application Number
Date Application Received
Application Fee \$

Application for licensure as an **Architect by Comity**

Application Fee: \$100

FOR BOARD'S USE ONLY
License Number
License Fee \$
Date License Issued

DATA PRACTICES ACT WARNING

The data which you furnish on this form will be used by the Minnesota State Board of AELSLAGID to assess your qualifications for licensure. You are not legally required to provide this data; however, if you fail to do so, the Board of AELSLAGID may be unable to process this application. After issuance of a professional license, the information contained in this application will be public information, pursuant to Minnesota Statutes, Chapter 13. Under Minnesota Statutes, Chapter 13, Social Security Numbers are not public information.

All Informati	tion, E	XCEPT SI	GNATURE,	Must Be	Printed in ink	or Typewri	<u>tten</u>
Personal Information - Are you or your sp		•			5. military?	No Y	'es (priority processing)
Last Name	First Nar	me			Middle Name	Social Secu	urity Number (required)
Former Name				Gender Mal	le Female	Date of Birth	n (month, day, year)
Mailing Street Address			Apt/Suite #	City		State	Zip Code
Is Mailing Address Home or Business	s?	Business Na	me, if mailing ad	dress is Bus	iness	Contact Pho	one Number
Present Employer				Present P	Position		
2. Do you currently hold	a licen	se in Min	nesota?		No	Yes	
If yes, for what profession? License #:							
3. Have you ever had a I	icense	discipline	ed, denied,	surrend	ered, suspende	ed or revok	ked?
No Yes (If yes, please provide a separate statement of explanation.)							
4. Will you be submitting	an NC	CARB Co	uncil record	l?	No	Yes	
			_		sign the Affida r application an	` '	

If no, please complete the entire application.

need to complete the other portions of the application

Applicant Name	

5. List other states in which you hold an architect, professional engineer, land surveyor, landscape architect, professional geologist or professional soil scientist license: attach a separate sheet if necessary.

	Data Pertaining to License(s)				Chec	k method f	or (each) li	cense
State(s) Licensed in:	Profession (including discipline of Engineering)	License Number	Mo. And Year Issued	Is License Current	Written Exam. (No. of hours)	Oral Exam.	Exempti on (Grand- father Clause)	Comity

6. Education

All statements must be substantiated by submitting an official transcript from each educational institution. Transcripts must arrive in a sealed envelope from the institution. If you have an NCARB record, you do not need to have transcripts sent to the Board office, but you do need to complete Item 6.

Name and Landing of Institution.	Month a	Month and Year		Degree Received
Name and Location of Institution:		То	Graduation	
Name and Location of Institution:	Date	of Graduati	ion D	egree Received
	Name and Location of Institution: Name and Location of Institution:	Name and Location of Institution: From	Name and Location of Institution: From To	Name and Location of Institution: From To Graduation

7. Practical and Professional Experience (complete only if you do not submit an NCARB Record)

On the following pages, print or type a complete record of your entire professional experience in chronological order. Account for all time from receipt of your degree to the present. Include any intern or co-op experience prior to graduation. All gaps in employment must be explained.

Attach a copy of your practical and professional experience record to each reference letter form before distributing to your employer(s). They must complete the reference letter and initial by experience they can substantiate. DO NOT send your entire application to your employers – only the Practical and Professional Experience record.

Аp	plicant Name	

Name of Employer:		Position Title:	
Address of Employer: _			
Name of Supervisor or	Person to Whom You Rep	ported:	
Title of Supervisor or P	erson to Whom You Repo	orted:	
Profession of Supervise	or/Person to Whom You R	Reported:	
_icense Number of Sup	pervisor/Person to Whom	You Reported:	
Dates of Employment:	/ to	/ Hours worked per w	eek:
Description of Work:			
Supervisor must initial next to areas of work which he/she can substantiate	the location of the work a	etail, including character of work, the degree of and clients.	

Аp	plicant Name	

Name of Employer:		Position Title:	
Address of Employer: _			
Name of Supervisor or	Person to Whom You Rep	ported:	
Title of Supervisor or P	erson to Whom You Repo	orted:	
Profession of Supervise	or/Person to Whom You R	Reported:	
_icense Number of Sup	pervisor/Person to Whom `	You Reported:	
Dates of Employment:	// to _	// Hours worked per w	veek:
Description of Work:			
Supervisor must initial next to areas of work which he/she can substantiate	the location of the work a	etail, including character of work, the degree of and clients.	

Аp	plicant Name	

Name of Employer:	Position Title:
Address of Employer: _	
Name of Supervisor or	Person to Whom You Reported:
Title of Supervisor or P	erson to Whom You Reported:
Profession of Superviso	or/Person to Whom You Reported:
_icense Number of Sup	pervisor/Person to Whom You Reported:
Dates of Employment:	/ to// Hours worked per week:
Description of Work:	
Supervisor must initial next to areas of work which he/she can substantiate	Describe your work in detail, including character of work, the degree of responsibility, the location of the work and clients.

Аp	plicant Name	

Name of Employer:	Position Title:							
Address of Employer: _								
Name of Supervisor or	Person to Whom You Reported:							
Title of Supervisor or P	e of Supervisor or Person to Whom You Reported:							
Profession of Superviso	ofession of Supervisor/Person to Whom You Reported:							
_icense Number of Sup	ense Number of Supervisor/Person to Whom You Reported:							
Dates of Employment:	/ to/ Hours worked per week:							
Description of Work:								
Supervisor must initial next to areas of work which he/she can substantiate	Describe your work in detail, including character of work, the degree of responsibility, the location of the work and clients.							

Applicant Name

8. REFERENCES

Give the names and addresses of five references, other than relatives or members of this Board, having personal knowledge of applicant's good moral character and repute, and professional reputation. At least three of such references should be licensed in the profession in which licensure is sought. These five references should be the same individuals who can verify your qualifying work experience and to whom you send the Reference Forms.

Name	Address (street and number, city, state, zip)	State(s) Licensed in	Profession

ne
ie

9. AFFIDAVIT FOR LICENSE OR CERTIFICATE IN MINNESOTA This form of attestation must be filled in by applicant before the notary public.

State of)
County of)
I,	, being duly sworn, do hereby depose and swear that:
the Rules and Regulations adopted thereunder 2. I am not now under any disciplinary proceeding jurisdiction; 3. I have never been convicted of a felony; 4. I have not represented myself as an architect, parchitect, professional geologist, professional solicensure or certification, either verbally or on a soluntil such time as my license or certificate he Engineering, Land Surveying, Landscape Arch 5. I have not performed or offered to perform architectural, professional geological services, without proper licensure or certification.	professional engineer, land surveyor, landscape soil scientist, or certified interior designer, without proper any printed matter, in the State of Minnesota, nor will I do as been issued by the Minnesota Board of Architecture, itecture, Geoscience and Interior Design; and nitectural, professional engineering, land surveying, al, professional soil scientific, or certified interior designer on in the State of Minnesota, nor will I do so until such end by the Minnesota Board of Architecture, Engineering,
Signature of Applicant	Notary Public
CLIDCODIDED and account to before one this	Stamp or Seal
SUBSCRIBED and sworn to before me this day	of, 20 My Commission Expires:
Notory Dublic Cignoture	
Notary Public Signature	
RECORD OF BOARD (This space not to be used by Application Withdrawn Date:	y applicant.)
RECOMMEND DENIAL OF APPLICATION	RECOMMEND APPROVAL OF APPLICATION
Board Member Signature	Board Member Signature
Date Signed:	Date Signed:

Applicant Name	
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10. RULES OF PROFESSIONAL CONDUCT Read, sign and return this document with your application

1805.0100 PROFESSIONAL CONDUCT.

- Subpart 1. **Purpose.** This rule of professional conduct is adopted for the purpose of implementing the laws and rules governing the practice of architecture, engineering, land surveying, landscape architecture, and geoscience including Minnesota Statutes, section 326.11.
- Subp. 2. **Scope.** This rule is applicable to and binding upon each person, corporation, or partnership subject to the regulatory jurisdiction of the board and each person subject to the control of the licensee.
- Subp. 3. **Imputed knowledge of professional responsibility.** Each licensee who holds a certificate of licensure issued by the board is charged with knowledge of this rule. In the exercise of the privileges and rights granted by the certificate of licensure, the licensee shall conform professional conduct to the public and to the board in accordance with the provisions of this rule, and shall, as a condition of licensure, subscribe to and agree to conduct the practice in accordance with the provisions of this rule.

1805.0200 PERSONAL CONDUCT.

- Subpart 1. **Public confidence and personal integrity.** A licensee shall avoid any act which may diminish public confidence in the profession and shall, at all times, conduct himself or herself, in all relations with clients and the public, so as to maintain its reputation for professional integrity.
- Subp. 2. **False statements and nondisclosure.** A licensee shall not submit a materially false statement or fail to disclose a material fact requested in connection with the application for certification or licensure in this state or any other state.
- Subp. 3. **Knowledge of unqualified applicants.** A licensee shall not further the application for certification or licensure of another person known by the licensee to be unqualified in respect to character, education, or other relevant factor.
- Subp. 4. **General prohibitions.** A licensee shall not:
 - A. circumvent a rule of professional conduct through actions of another:
 - B. engage in illegal conduct involving moral turpitude;
 - C. engage in conduct involving dishonesty, fraud, deceit, or misrepresentation;
 - D. engage in conduct that adversely reflects on the licensee's fitness to practice the profession; or
- E. permit the licensee's name or seal to be affixed to plans, specifications, or other documents which were not prepared by or under the direct supervision of the licensee.

1805.0300 CONFLICT OF INTEREST.

- Subpart 1. **Employment.** A licensee shall avoid accepting a commission where duty to the client or the public would conflict with the personal interest of the licensee or the interest of another client. Prior to accepting such employment the licensee shall disclose to a prospective client such facts as may give rise to a conflict of interest.
- Subp. 2. **Compensation.** A licensee shall not accept compensation for services relating or pertaining to the same project from more than one party unless there is a unity of interest between or among the parties to the project and unless the licensee makes full disclosure and obtains the express consent of all parties from whom compensation will be received.
- Subp. 3. **Gifts.** A licensee shall not, directly or indirectly, solicit or accept any compensation, gratuity, or item of value from contractors, their agents, or other persons dealing with the client or employer in connection with the work for which the licensee has been retained without the knowledge and approval of the client or the employer.

Applicant Name	
Applicant Name	

1805.0400 IMPROPER SOLICITATION OF EMPLOYMENT.

A licensee shall seek and engage in only the professional work or employment the professional is competent and qualified to perform by reason of education, training, or experience.

A licensee shall not falsify or misrepresent the extent of the licensee's education, training, experience, or qualifications to any person or to the public; nor misrepresent the extent of the licensee's responsibility in connection with any prior employment.

A licensee shall not transmit, distribute, or publish or allow to be transmitted, distributed, or published, any false or misleading information regarding the licensee's own qualifications, training, or experience or that of his or her employer, employees, associates, or joint venturers.

A licensee shall not tender any gift, pay, or offer to pay, directly or indirectly, anything of substantial value, whether in the form of a commission or otherwise, as an inducement to secure employment. A licensee is not prohibited from paying a commission to a licensed employment agency for securing a salaried position.

1805.0500 FALSE OR MALICIOUS STATEMENTS.

A licensee shall make no false or malicious statements which may have the effect, directly or indirectly, or by implication, of injuring the personal or professional reputation or business of another member of the profession.

1805.0600 KNOWLEDGE OF IMPROPER CONDUCT BY OTHERS.

A licensee who has knowledge or reasonable grounds for believing that another member of the profession has violated any statute or rule regulating the practice of the profession shall have the duty of presenting such information to the board.

A licensee, when questioned concerning any alleged violation on the part of another person by any member or authorized representative of the board commissioned or delegated to conduct an official inquiry, shall neither fail nor refuse to divulge such information as the licensee may have relative thereto.

1805.0700 ACTION BY OTHER JURISDICTION.

Convictions of a felony without restoration of civil rights, or the revocation or suspension of the certificate of licensure of a licensee by another jurisdiction, if for cause which in the state of Minnesota would constitute a violation of law or of these rules, shall be deemed to be a violation of these rules of professional conduct. Any licensee adjudged mentally incompetent by a court of competent jurisdiction shall, until restored to mental competency, be deemed to be incompetent to practice the profession within the meaning of Minnesota Statutes, section 326.11, subdivision 2.

1805.0800 EMPLOYMENT ON THE BASIS OF MERIT.

A licensee as an employer, shall refrain from engaging in any discriminatory practice prohibited by law and shall, in the conduct of the business, employ professional personnel solely upon the basis of merit.

1805.0900 MISCONDUCT.

Misconduct within the meaning of Minnesota Statutes, section 326.11, subdivision 1 shall include any act or practice in violation of the rules of professional conduct as set forth in parts 1805.0100 to 1805.0800.

Date:	 	 	
Signature:	 	 	
Print Full Name: _			

Rules of Professional Conduct

Keep this document for your records.

1805.0100 PROFESSIONAL CONDUCT.

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A licensee shall seek and engage in only the professional work or employment the professional is competent and qualified to perform by reason of education, training, or experience.

A licensee shall not falsify or misrepresent the extent of the licensee's education, training, experience, or qualifications to any person or to the public; nor misrepresent the extent of the licensee's responsibility in connection with any prior employment.

A licensee shall not transmit, distribute, or publish or allow to be transmitted, distributed, or published, any false or misleading information regarding the licensee's own qualifications, training, or experience or that of his or her employer, employees, associates, or joint venturers.

A licensee shall not tender any gift, pay, or offer to pay, directly or indirectly, anything of substantial value, whether in the form of a commission or otherwise, as an inducement to secure employment. A licensee is not prohibited from paying a commission to a licensed employment agency for securing a salaried position.

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Misconduct within the meaning of Minnesota Statutes, section 326.11, subdivision 1 shall include any act or practice in violation of the rules of professional conduct as set forth in parts 1805.0100 to 1805.0800.

Instructions to Applicants Regarding the Submission of Reference Forms For Applicants without an NCARB certificate record.

Print and complete five reference forms according to instructions given below.

- 1. Type the name of the reference to whom you are sending the form. References should be supervisors who can verify work experience. In the case of your own firm, please use clients or other licensed professionals you have worked with.
- 2. Type your name and read, sign and date the Authorization to Release.

The remainder of the page is to be completed by the reference.

- 3. Attach a copy of the "Practical and Professional Experience Record" that you are submitting with your application to the Board. Do NOT send your entire application to your references! Advise each reference to <u>initial</u> the part(s) of your experience record with which the reference has personal knowledge. Failure of the reference to initial the portion(s) of the experience record with which the reference has personal knowledge will result in the voiding of that reference.
- 4. Send the Reference Form and copy of the Experience Record to each of your five references. Include a stamped envelope addressed to the Board office. References must return the Reference Form and their initialed copy of the Experience Record directly to the Board office.

If you have questions regarding the reference form process, contact Laurie Nistl at 651-757-1515.

Name of Reference:	Applicant Name
	NCE FORM - Architecture ust be completed thoroughly.
I hereby authorize the Board of AELSLAGID to make inquiri background and character. I invite full and complete respon	RELEASE MUST BE SIGNED BEFORE SENDING TO EMPLOYER. ies of the person listed as a reference on this form with respect to my se to all inquiries. I release the reference source(s) and recipients(s) from nich may arise out of the communication of any information to the Board of
Signed:	Date:
The above named applicant has submitted an ap	oplication to the Minnesota Board for licensure as an Architect sture, Professional Engineering, Land Surveying, Landscape
Board requests your cooperation in making its evanswer to the following questions. These answer without assistance from the applicant. The record by the Board as a deliberate act made for the expect them, relative to the applicant's competency licensure. All information secured from reference	wledge of his/her personal and professional qualifications. The valuation of the applicant more complete by giving a true is are to be given by you of your own personal knowledge, it of the applicant, as recorded here by you, will be accepted press purpose of acquainting the Board with the facts, as you to practice the profession for which she/he has applied for its is for use by the Board. Complete all of the information imments that may be of value to the Board in evaluating
1. How many years have you known the appli	cant?
2. What is the applicant's usual and customar	ry occupation?
3. Has the applicant ever rendered you profes	ssional service(s) as a(n):
ArchitectProfessional Enginee	erLand SurveyorLandscape Architect
Professional GeologistProfession	onal Soil Scientist
What year? Explain the natu	re of the service provided:
4. What has been your association with the ap	nnlicant?
•	ss Partner Professional Associate Client
	(month/year to month/year):
	n:
	I ¹
Date:	Profession & Discipline
Signature:	•
Printed Name	
Licensed in the state(s) of	

INSTRUCTIONS TO INDIVIDUAL PROVIDING REFERENCE:

Complete, sign and return this form to the Board office at 85 E. 7th Place, Suite 160, St. Paul, MN 55101 as soon as possible. This form must accompany the Practical and Professional Experience page(s) on which you initialed next to the applicant's work experience you can substantiate.

Verification of License

FROM:				
	(Name of State Bo	ard Verifying Applic	ant's Licensure or E	Examination)
MAIL TO:	Minnesota Board of Archite Landscape Architecture, G 85 East 7 th Place, Suite 16 St. Paul, MN 55101-2113 (651) 296-2388	eoscience and Interio		
Section I:	Applicant (Applicant to c	omplete Section I)		
Last Name:		First Name:		MI:
Street Addre	ess:			
City:		State:		Zip:
License Nun	nber:	Date of Birt	th:	
1. Wi 2. Cc 3. Ed	Basis of Licensure: named applicant was licensed Architect ritten Examination: pmity with: ducation and Experience. (Ple	Certificate #hours (See attach		-
	Experience ("IDP")	,		
1. Cc	ompleted NCARB IDP	Date Comp	oleted:	
2. Cc	ompleted State Specific IDP	Date Comp	oleted:	
3. Did	d not complete NCARB IDP o	r State Specific IDP		
	Disciplinary Action: ormal disciplinary action ever l st details on reverse side)	peen taken against th	e above-named indivi	idual?YesNo
				Board Seal
Verifying State	e:	Date:		

Verification of Written Exam	iina	tion
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Part I Environmental Analysis

Part III Design and Technology
Part IV Construction

Part II Architectural Programming

Applicant Name:	

Examination Syllabus (1954 – 1975)	Hours	Grade/Pass	Date Passed
A. Education & Experience			
B. Personal Audience			
C. History & Theory of Architecture	3		
D. Site Planning	5		
E. Architectural Design	12		
F. Building Construction	3		
G. Structural Design	5		
H. Professional Administration	3		
I. Building Equipment	5		
Equivalency Examination (June 1973 – June 1976)	Hours	Grade	Date Passed
I. Architectural Theory	2		
II. Construction Theory & Practice	8		
III. Architectural Design/Site Planning	10		
Qualifying Test (June 1977 – June 1982)	Hours	Grade	Date Passed
A. Architectural History	2		
B. Structural Technology	3		
C. Materials & Methods of Construction	2		
D. Environmental Control Systems	2		
E.1 Principles of Site Planning & Arch. Design* (Multiple Choice)	1		
E.2 Principles of Site Planning & Arch. Design*(Design Problems)	11		
Professional Examination - Section A (June 1979–June 1982)	Hours	Grade	Date Passed
Design/Site Test	12		
Professional Examination(December 1973-December 1978)	Hours	Grade	Date Passed
Section B (1979 – 1982)			

Architect Registration Examination (ARE)

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(1983–	Grade	Date	(1988–	Grade	Date	(1997-	Grade	Date	4.0	Date Passed
1987)		Passed	1996)		Passed	2009)		Passed	2008	
A - PD			A-PD			PD			PPP	
B - SD			B- SD-Written			SP			SPD	
			B- SD – Graphic							
C - BD			C - BD			BP			SD	
D - GS						BT				
E - LF			D/F - G/LS			GS			SS	
F-LS			E-LF			LF				
G - M/E			G - M/E			ME			BS	
H - MM			H - MM			MM			BD & CS	
I - CD			I - CD			CD			CDS	

Certified By:		Title:	Date:
,	Print or type name		
Signature:		Board:	Board Seal

AUTHORIZATION TO RELEASE APPLICANT INFORMATION

MINNESOTA BOARD OF ARCHITECTURE, ENGINEERING, LAND SURVEYING,
LANDSCAPE ARCHITECTURE,
GEOSCIENCE AND INTERIOR DESIGN
(AELSLAGID)
85 East Seventh Place, Suite 160
St. Paul, MN 55101

Applicant data is classified as private or confidential under the Minnesota Data Practices Act. However, I hereby waive my rights under the Minnesota Data Practice Act and authorize the Minnesota Board of Architecture, Engineering, Land Surveying, Landscape Architecture, Geoscience and Interior Design (Board) to provide information contained in my application materials, including any documents, to

(insert name of the individual v	who may receive information).
I understand that I am not legally required to sign facilitate the processing of my application. This authis date.	
	Signature of Applicant
	Printed Name of Applicant
	Date

** THIS FORM IS NOT REQUIRED. Complete only if you intend for someone besides yourself to contact the Board office for the status of your application (i.e. administrative assistant, spouse, etc.).